

APPLICATION TO
**EXTEND THE PROVISIONAL
FOREIGN TEACHER TEACHING CERTIFICATE**
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT
Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

This certificate is required for a teacher or professor from any foreign country, state, territory or possession of the United States contracted through the Foreign Teacher Exchange Program or other foreign teacher recruitment programs approved by the United States Department of State. It is issued in the areas of early childhood education, elementary education, secondary education, special education, and career and technical education. The Provisional certificate is valid for 1 year and may be extended 1 year.

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- ☐ Completed Application for Extension of the Provisional Foreign Teacher Certificate.
 - ☐ Answer **every** Criminal History question, sign and date the application
 - ☐ If you answer "Yes" to any Criminal History questions, submit a completed [Explanation of Incident](#) form. If you have more than one incident to report, you must disclose every incident separately.
- ☐ A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (IVP) fingerprint card (plastic).
- ☐ A check or money order for the amount due, made payable to the Arizona Department of Education (ADE). Credit card payments (Visa and MasterCard) are accepted for in-person applicants at the Phoenix Certification office. Fees are **not** refundable. **Cash will not be accepted.**
- ☐ Verification letter of intent to hire from the contracting governing board, the education service agency, the charter holder, or the Arizona Board of Regents indicating grade level and subject area placement and signed by the district Superintendent or HR director.

SECTION 1: PERSONAL INFORMATION (Type or print in blue or black ink.)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____ ☐ Check box if you want to receive ADE updates via email.
(Home) (Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

SECTION 2: CERTIFICATION TYPE AND FEES

TEACHING CERTIFICATES:

____ ELEMENTARY (K-8).....	\$20	____ EARLY CHILDHOOD.....	\$20
____ APPROVED AREA ELEMENTARY - AREA.....	\$20	____ SECONDARY (7-12)(ONE APPROVED AREA)- AREA.....	\$20
____ ARTS EDUCATION (PreK-12).....	\$20	____ ADDITIONAL APPROVED AREA SECONDARY- AREA.....	\$20
(Select One:)			
____ ART ____ DANCE ____ DRAMATIC ARTS ____ MUSIC			
____ PREK-12 PHYSICAL EDUCATION.....	\$20		

SPECIAL EDUCATION CERTIFICATES (K-12):

____ CROSS-CATEGORICAL (ED, LD, ID, O/HI).....	\$20	____ INTELLECTUAL DISABILITY.....	\$20
____ EARLY CHILDHOOD (BIRTH TO AGE 5).....	\$20	____ SEVERELY AND PROFOUNDLY DISABLED	\$20
____ EMOTIONAL DISABILITY.....	\$20	____ VISUALLY IMPAIRED	\$20
____ HEARING IMPAIRED.....	\$20		
____ LEARNING DISABILITY.....	\$20		

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

____ AGRICULTURE.....	\$20	____ HEALTH CAREERS.....	\$20
____ BUSINESS AND MARKETING.....	\$20	____ INDUSTRIAL TECHNOLOGY.....	\$20
____ FAMILY AND CONSUMER SCIENCES.....	\$20		

ENDORSEMENTS:

____ STRUCTURED ENGLISH IMMERSION..... \$60

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SECTION 3: CRIMINAL HISTORY – Answer every question, sign and date.

ATTENTION: If “YES” is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. **YES__ NO__** Have you ever had any professional certificate or license, revoked, surrendered, or suspended?
2. **YES__ NO__** Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. **YES__ NO__** Have you ever been convicted of any felony offense?
4. **YES__ NO__** **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

- | | | | |
|-------------------|---|-------------------|---|
| YES__ NO__ | a Second-degree murder | YES__ NO__ | n Continuous sexual abuse of a child |
| YES__ NO__ | b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age | YES__ NO__ | o Attempted first-degree murder |
| YES__ NO__ | c Sexual assault | YES__ NO__ | p Any other dangerous crime against children as defined in section 13-604.01 |
| YES__ NO__ | d Molestation of a child | YES__ NO__ | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 |
| YES__ NO__ | e Sexual conduct with a minor | YES__ NO__ | r Any offense causing you to register as a sex offender |
| YES__ NO__ | f Commercial sexual exploitation of a minor | YES__ NO__ | s First-degree murder |
| YES__ NO__ | g Sexual exploitation of a minor | YES__ NO__ | t Armed Robbery |
| YES__ NO__ | h Child abuse | YES__ NO__ | u Incest |
| YES__ NO__ | i Kidnapping | YES__ NO__ | v Exploitation of minors involving drug offenses |
| YES__ NO__ | j Sexual abuse of a minor | YES__ NO__ | w Sexual abuse of a vulnerable adult |
| YES__ NO__ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206 | YES__ NO__ | x Sexual exploitation of a vulnerable adult |
| YES__ NO__ | l Child prostitution as prescribed in section 13-3212 | YES__ NO__ | y Commercial sexual exploitation of a vulnerable adult |
| YES__ NO__ | m Involving or using minors in drug offenses | YES__ NO__ | z Abuse of a vulnerable adult |
| | | YES__ NO__ | aa Molestation of a vulnerable adult |
| | | YES__ NO__ | bb Neglect of a vulnerable adult |

I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature

Date